

Exhibit C

[Logo of the Institute
Institute Motto:
We seek light in the shadows;
Words in the silence]

Page 1 of 1

Phone: [REDACTED]

CLINICAL HISTORY OF EVALUATION OF VISUAL TRAINING

Opening Date:, 2014/11/08

Name:	[REDACTED]	ID:	[REDACTED]
DOB:	[REDACTED]	Age:	7 years old
Address:	[REDACTED]	Neighborhood:	[REDACTED]
Telephone:	[REDACTED]	Responsible Company:	CAPRECOM SUBS TIER
Occupation:	OTHER	User Type:	SUBSIDIZED

REASON FOR THE CONSULTATION

Reason for the Consultation	Evaluation of low vision
Current Disease:	Retinitis Pigmentosa AO
DIFFICULTIES: Mobility	The mother reports he does not ride a bike, run or play with friends
Day:	
Mobilization at Night:	It is even a bit harder for him , needing to get closer to things
Home:	No
Reads/Writes:	He cannot see the blackboard; he works well in the copy book, in graph paper, he needs to have the lines underlined
Occupational Performance	Student
Photophobia:	No

OPTICAL AND NON-OPTICAL AIDES

Optical Aid; Long-sighted Vision:	Ts 4x 12 Visual follow-up is exercised; though hard at first, he manages to read
Optical Aid; Short-sighted Vision:	Loupe 3X, 5X
Number of Sessions Requested:	6

DIAGNOSES

External Causes:	General Disease
Type of Diagnostic	Repeated and confirmed
Diagnosis:	H358 OTHER SPECIFIC RETINAL DISORDERS
Class:	Main
Diagnosis at Intake/Discharge	Intake
Observations:	Retinitis pigmentosa in both eyes; information taken from the history.

Signature of the Physician	Medical Registration	Seal of the Institute's Clinic
[Signed]		
YULIETH MEDINA GUTIERREZ	Specialty	Mariney Rodriguez R.
[REDACTED]	LOW VISION THERAPY	Ophthalmologist
		[Initials of the Ophthalmologist]
		Citizen ID:
		31973620

Originating Physician: [REDACTED]

Modifying Professional: [REDACTED]

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Phone: [REDACTED]

CLINICAL HISTORY OF EVALUATION OF VISUAL TRAINING

Opening Date:, 2014/11/08

Name:	JOEL JAFET MONTANO CARRANZA	ID:	[REDACTED]
DOB:	[REDACTED]	Age:	7 years old
Address:	[REDACTED]	Neighborhood:	[REDACTED]
Telephone:	[REDACTED]	Responsible Company:	[REDACTED]
Occupation:	[REDACTED]	User Type:	[REDACTED]

Presenting Entity::
Code::
Department:
Town
Number of Requests:

[REDACTED]

DIAGNOSES

External Causes:	General Disease
Type of Diagnostic	Repeated and confirmed
Diagnosis:	H358 OTHER SPECIFIC RETINAL DISORDERS
Class:	Main
Diagnosis at Intake/Discharge	Intake
Observations:	Retinitis pigmentosa in both eyes; information taken from the history.

INFORMATION FROM ANNEX 3

Priority of Attention:	Elective
Type of Service Requested	Elective Services
Location of Patient at time of Request:	Outpatient Referral
Test 1	9502003 LOW VISION THERAPY
Amount	6
Clinical Justification:	To improve visual performance in both near and long distance vision by use of optical aids.

Signature of the Physician
[Signed]

[REDACTED]

Medical Registration

Specialty
LOW VISION THERAPY

Seal of the Institute's Clinic

[REDACTED]
Ophthalmologist

[Initials of the
Ophthalmologist]

[REDACTED]

Originating Physician:

[REDACTED]

Modifying Professional:

[REDACTED]

Logo of the Institute	NOTIFICATION OF REQUEST FOR MEDICINE, PROCEDURES, AND SERVICES							
	NOT INCLUDED IN POS OR POS-5							
Non-POS Medicine	XXX	Tier: Copay		Type of Treatment			Date Filed:	
Service		Subsidized XX	Co-pay	Ambulatory	Hospital	Emergency	08/11/2014	
Given and Family Names		Age		Gender		Type of ID		
JOEL JAFET MONTANO CARRANZA		7 years old		Female	Male	1.111.669.541		
					XXX			
Diagnosis	Code CIE-10	Treating Physician: MARINEY RODRIGUEZ					High Cost Disease	
Other Specific Retinal Synd.	h-358	Specialist YES <u>X</u> NO <u> </u>					YES <u> </u> NO <u>X</u>	
HEALTH PROFESSIONAL TO PLEASE FILL THIS FORMAT COMPLETELY WITH YOUR PATIENT DATA								
1. Descriptive analysis of clinical case and reason physician supports the use of medicine, and/or health procedures or services, or not								
Patient presents other specified retinal disorders, Retinitis Pigmentosa in both eyes.								
SERVICES AND/OR PROCEDURES OUTSIDE OF THE POS-S								
2. Medical services requested		3. Homologous medical service(s) and procedure(s) in the Manual of Activities						
6 SESSIONS LOW-VISION THERAPY		Not Applicable						
4. Have all possible diagnostics and/or therapies in the Manual of Activities Procedures and Interventions been used? Yes/No								
MEDICINES OUTSIDE OF POS-S								
5. Have all possible medicinal therapies from the Manual of Activities, procedures and interventions been used? Yes / No								
6. Homologous medication POS (contained in the current Manual of Medications from SGSSS)								
A		Not Applicable						
7. Clinical Response and para-clinical results obtained with POS medications: Not Applicable								
8. Requested Non-POS medicines:								
Active Principle								
Frequency / Dosage								
Presentation								
Quantity								
Time / Month								
9. Time of Anticipated Response and Desired Effect: N/A, To improve visual performance in near & distant vision								
10. Averse Effects and Risks: None, and Not Applicable								
11. Is there Imminent Risk to the Life and Health of the Patient YES XX NO <u> </u>								
Specialized Physician:		Seal of the Clinic		Treating Physician Signature [Signed]				
Name and Medical Registration		Stamp of Mariney Rodriguez						

31973620

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Phone: [REDACTED]

CLINICAL HISTORY OF OPHTHALMOLOGY

Opening Date:, 2014/05/12

Name:	[REDACTED]	ID:	[REDACTED]
DOB:	[REDACTED]	Age:	8 years old
Address:	[REDACTED]	Neighborhood:	[REDACTED]
Telephone:	[REDACTED]	Responsible Company:	[REDACTED]
Occupation:	OTHER	User Type:	SUBSIDIZED

REASON FOR THE CONSULTATION: REFERRED BECAUSE OF LOW VISION
HAS ELECTRO-RETINOGRAM ON APRIL 30, 2014 ON BOTH
EYES: **ABNORMAL**
AGF ON APRIL 30, 2014; BOTH EYES: PIGMENTARY
DISORDER WITH ACCUMULATION OF PIGMENT WITH
SPECKLING PATTERN OUTSIDE OF THE FOVEAL AREA.

BACKGROUND:

Allergies	Denies having any
Trauma	Denies having any
Surgery	Denies having any
Pathology	Denies having any
Toxicity	Denies having any
Work Related	Denies having any
Other	Denies having any

PHYSICAL VISUAL AREA AND PUPIL EXAMINATION

VISUAL ACUITY

SC - Uncorrected Right Eye	20/400
SC - Uncorrected Left Eye	20/150

PUPILS

Right Eye Shape	Normal
Left Eye Shape	Normal
Right Eye Direct Reflex	Normal
Right Eye Consensual Reflex	Normal
Left Eye Consensual Reflex	Normal
Externa Ocular Movements	Normal
Right Eye Keratometry	00.0000/00000
Left Eye Keratometry	00.000/0000
Right Eye Schirmer Test	00/00
Left Eye Schirmer Test	00/00
Right Eye Rose Bengal test	-- (Nasal - Corneal - Temporal)
Left Eye Rose Bengal Test	-- (Nasal - Corneal - Temporal)

GENERAL PHYSICAL OPHTHALMOLOGY EXAM

BIOMICROSCOPY	Eyelids	Normal
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Right Eye:

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Phone: [REDACTED]

CLINICAL HISTORY OF OPHTHALMOLOGY

Opening Date:, 2014/05/12

Left Eye Eyelid	Normal
Right Eye Orbit	Normal
Left Eye Orbit	Normal
Right Eye Tear Apparatus	Normal
Left Eye Tear Apparatus	Normal
Right Eye Conjunctivitis	Normal
Left Eye Conjunctivitis	Normal
Right Eye Cornea	Normal
Left Eye Cornea	Normal
Right Eye Sclerosis	Normal
Left Eye Sclerosis	Normal
Right Eye Anterior Chamber	Normal
Left Eye Anterior Chamber	Normal
Right Eye Iris	Normal
Left Eye Iris	Normal
Right Eye Crystalline	Normal
Left Eye Crystalline	Normal
Observations	BOTH EYES NORMAL

DIGITAL TIO - BOTH EYES NORMAL

GONIOSCOPY

Right Eye Gonioscopy	Normal
Left Eye Gonioscopy	Normal

OPHTHALMOSCOPY

Right Eye Vitreous Chamber	Normal
Left Eye Vitreous Chamber	Normal
Right Eye Optic Disc	Normal
Left Eye Optic Disc	Normal
Right Eye Macula	Normal
Left Eye Macula	Normal
Right Eye Vessels	Normal
Left Eye Vessels	Normal
Right Eye Retina	Normal
Left Eye Retina	Normal

Observations

BOTH EYES: CLEAR VITREOUS, PARTIAL DETACHMENT OF THE POSTERIOR VITREOUS, ATROPHIC AND PIGMENTARY DISORDERS HIF HYPERPIGMENTED WITH A SPECKLED PATTERN AND PIGMENT ACCUMULATION, ATTACHED RETINA

DIAGNOSES

External Cause	General Disease
Type of Diagnostic	Newly Confirmed
Diagnosis	H355 HEREDITARY RETINAL DYSTROPHY

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Phone: [REDACTED]

CLINICAL HISTORY OF OPHTHALMOLOGY

Opening Date:, 2014/05/12

Class	Main
Diagnostic upon Intake/Discharge	Intake
Diagnosis Related I	H542 SUBNORMAL VISION IN BOTH EYES
Conduct	DIAGNOSIS: HEREDITARY DYSTROPHY OF RETINITIS PIGMENTOSA TYPE - BOTH EYES
	ACTION: Appointment made for low vision optometry
	Appointment with Dr. Vergara for a 2nd opinion
	It is explained to his parents that there is no available treatment at the present time.
Referred	No
RISKS	
Does the Patient Present Risks	No
INFORMATION FROM ANNEX 3	
Attention Priority	Elective
Type of Service Requested	Elective Services
Location of the Patient at the Moment of the Request	External Consult
Test 1	950200 EVALUATION OF LOW VISION, SEPTO-OPTIC DYSPLASIA
Quantity	1
Test 2	890302 CONTROL CONSULTATION OR FOLLOW-UP FOR SPECIALIZED MEDICINE
Quantity	1
Clinical Justification	APPOINTMENT MADE FOR LOW VISION OPTOMETRY
	APPOINTMENT MADE WITH DR. VERGARA FOR A 2ND OPINION

Signature of the Physician
[Signed]

Citizen ID: 31170270

Medical Registration

Specialty
LOW VISION THERAPY

Seal of the Institute's Clinic

Ophthalmologist

Originating Physician:

Modifying Professional:

REPUBLIC OF COLOMBIA

[Civil Registry Stamp]

[Shield of Arms of the
Republic of Colombia]
ELECTORAL ORGANIZATION
NATIONAL REGISTRY OF MARITAL STATUS
NATIONAL DIRECTORATE OF CIVIL REGISTRY

[BAR CODE ON MARGIN: 38210989]

NATIONAL BIRTH REGISTRY

Serial # 38210989

Registry Office Data - Office Class														
Registry <input type="checkbox"/>	Notary <input checked="" type="checkbox"/>	Number <input type="checkbox"/>	CoRegiment <input type="checkbox"/>	Police Inspection <input type="checkbox"/>	Code	D	T	K						
Country - Department - Town - Police Inspection Point														
REGISTRY OF TUIMACO H. SAN ANDRES TUMACO COLOMBIA NARINO TUMACO														
Data on the Person Registered														
Father's Last Name					Mother's Last Name									
MONTANO					CARRANZA									
Given Names														
Date of Birth					Gender (Spelled out)	Blood Type	RH Factor							
Year	2	0	0	5	Month	N	O	V	Day	1	0	FEMALE	O	+
Type of ID or Witness Statement										Number of Certification of Live Birth				
MEDICAL CERTIFICATION OF LIVE BIRTH										A 7310918				
Information on the Mother														
Complete Family and Given Names														
CARRANZA BARON YESENIA TERCERA														
					NATIONALITY									
					COLOMBIAN									
Information on the Father														
Complete Family and Given Names														
					NATIONALITY									
					COLOMBIAN									
Information on the Statement Giver														
Complete Family and Given Names														
					SIGNATURE									
					[Signed JIMMY MONTANO]									
DATE OF REGISTRATION										NAME AND SIGNATURE OF AUTHORIZING CLERK				
Year	2	0	0	6	Month	J	A	N	Day	2	6	[Signed] CLAUDIO JAVIER TORRES UNIGARRO		
										Names and Signature				
Paternal Recognition										Name and Signature of the Clerk before whom recognition is made				
					[Signed]									
Signature					Name and Signature									

REPUBLIC OF COLOMBIA

[Civil Registry Stamp]

[NOTARY STAMP]

[Shield of Arms of the
Republic of Colombia
ELECTORAL ORGANIZATION
NATIONAL REGISTRY OF MARITAL STATUS
NATIONAL DIRECTORATE OF CIVIL REGISTRY

[BAR CODE ON MARGIN: 38210989]

NATIONAL BIRTH REGISTRY

Serial # 40541659

Registry Office Data - Office Class											
Registry <input checked="" type="checkbox"/>	Notary <input type="checkbox"/>		Number <input type="checkbox"/>		CoRegiment <input type="checkbox"/>		Police Inspection <input type="checkbox"/>		Code		D T K
Country - Department - Town - Police Inspection Point											
NOTERY OFFICE 20 CALI COLOMBIA VALLE CALI											
Data on the Person Registered											
Father's Last Name						Mother's Last Name					
MONTANO						CARRANZA					
Given Names											
[REDACTED]											
Date of Birth						Gender (Spelled out)		Blood Type		RH Factor	
Year	2	0	0	6	Month	N	O	V	Day	2	9
						MALE		O		+	
Type of ID or Witness Statement								Number of Certification of Live Birth			
MEDICAL CERTIFICATION OF LIVE BIRTH								A 7310918			
Information on the Mother											
Complete Family and Given Names											
CARRANZA BARON YESENIA TERCERA											
[REDACTED]						NATIONALITY					
[REDACTED]						COLOMBIAN					
Information on the Father											
Complete Family and Given Names											
[REDACTED]						NATIONALITY					
[REDACTED]						COLOMBIAN					
Information on the Statement Giver											
Complete Family and Given Names											
[REDACTED]						SIGNATURE					
[REDACTED]						[Signed JIMMI M ONTANO]					
DATE OF REGISTRATION						NAME AND SIGNATURE OF AUTHORIZING CLERK					
Year	2	0	0	6	Month	D	E	C	Day	2	7
						[Signed] BEATRIZ PADILLA MESA					
						Names and Signature					
Paternal Recognition						Name and Signature of the Clerk before whom recognition is made					
[REDACTED] [Thumbprint]						[Signed] BEATRIZ PADILLA MESA					
Signature						Name and Signature					